

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

Tribal Practices for Wellness In Indian Country
CDC-RFA-DP18-1812PPHF18
Application Due Date: 02/20/2018

Tribal Practices for Wellness In Indian Country
CDC-RFA-DP18-1812PPHF18
TABLE OF CONTENTS

Part I. Overview Information
- A. Federal Agency Name
- B. Funding Opportunity Title
- C. Announcement Type
- D. Agency Funding Opportunity Number
- E. Catalog of Federal Domestic Assistance (CFDA) Number
- F. Dates
- G. Executive Summary

Part II. Full Text
- A. Funding Opportunity Description
- B. Award Information
- C. Eligibility Information
- D. Application and Submission Information
- E. Review and Selection Process
- F. Award Administration Information
- G. Agency Contacts
- H. Other Information
- I. Glossary

Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP18-1812PPHF18. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Tribal Practices for Wellness In Indian Country

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP18-1812PPHF18

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.762

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**02/20/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

January 23, 2018, EST

Conference: 866-709-6101

Passcode: 37005261

G. Executive Summary:

1. Summary Paragraph:

CDC convened tribal health leaders to increase understanding of tribal practices that strengthen physical and mental health, wellbeing, tribal identity, and connection to culture to better support the work tribes and their members do to stay healthy and well. This 3-year funding opportunity supports tribal practices that build resiliency and connections to community, family, and culture, which over time, can reduce risk factors for chronic disease among American Indians and Alaska Natives. The long-term goals are to reduce morbidity and mortality due to heart disease, stroke, cancer and diabetes. Recipients will include up to 14 American Indian Tribes, Alaska Native villages, or American Indian or Alaska Native tribally-designated organizations

serving a specific tribe, reservation or native village. No more than 2 awards to tribes and tribal organizations will be made within a single I.H.S. Area**.** Recipients will address these strategies:

- Connect cultural teachings to health and wellness
- Seasonal cultural practices that support health and wellness
- Social and cultural activities that promote community wellness
- Collaborations that strengthen wellbeing
- Intergenerational learning that supports wellbeing and resilience
- Promote traditional healthy foods
- Promote traditional and contemporary physical activities

Up to 14 Urban Indian Organizations will also be funded to address the same strategies for that portion of their patient populations that is American Indian and Alaska Native.

a. Eligible Applicants: Limited
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 28
Up to 14 American Indian Tribes, Alaska Native villages, or American Indian or Alaska Native tribally-designated organizations serving a specific tribe, reservation or native village, (up to 2 will be funded in each of the 12 IHS Areas depending on strength of applications. In addition up to 14 Urban Indian organizations will be funded (https://www.ihs.gov/urban/)

d. Total Period of Performance Funding: $12,000,000

e. Average One Year Award Amount: $140,000

f. Total Period of Performance Length: 3
g. Estimated Award Date: 04/30/2018
h. Cost Sharing and / or Matching Requirements: N
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability are strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

AI/AN have higher rates of chronic disease than other racial and ethnic groups in the United States. They have the highest prevalence of diabetes[i], have higher heart disease and stroke death rates[ii], and are more likely to be obese[iii] and smoke cigarettes[iv].

Many AI/AN communities (including urban settings) have established programs that maintain

strong traditions to enhance or reintroduce cultural wellness practices specific to the location, history, and traditions of their people. Efforts to keep community members engaged in these traditions are critical.

Studies have demonstrated that culture and language have a positive impact on health and well-being. American Indian youth who speak their native language and have non-parental role models may have lower rates of suicide[v] and may be less likely to engage in risky behaviors like alcohol and commercial tobacco use[vi]. Based on tribal leader input, we anticipate that lifestyle interventions that incorporate native history and culture will be effective in reducing chronic disease risk factors, and over time, reduce morbidity and mortality due to heart disease, stroke, cancer, and diabetes.

This NOFO offers support for the implementation of tribal practices and cultural traditions to build resiliency and connections to community and culture to improve physical, mental, emotional, and spiritual health and wellbeing. This approach will include implementation of tribal wellness practices that were identified by tribal health leaders who were convened by CDC in 2016 so CDC can better understand and support tribal practices that strengthen tribal identity and connection to culture. The NOFO will include evaluation to strengthen the evidence-base for this approach in tribal communities.

This NOFO will complement the Good Health and Wellness in Indian Country (DP14-1421PPHF14) program, which has demonstrated that a coordinated, holistic, and tribally driven approach can strengthen the ability of tribes to improve the health of American Indians and Alaska Natives.

[i] CDC Division of Diabetes Translation, National Diabetes Statistics Report, 2014. Atlanta, GA. http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf 2014.

[ii] Indian Health Service. Trends in Indian Health, 2014 Edition. Rockville, Maryland: U.S. Department of Health and Human Services, 2014.

[iii] Centers for Disease Control and Prevention (CDC). Summary Health Statistics: National Health Interview Survey: 2014. Table A-15. 2016. https://www.cdc.gov/nchs/nhis/shs/tables.htm [accessed 2016 Nov 25].

[iv] U.S. Department of Health and Human Services. The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General(http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2016 Nov 25].

[v] Hallett, D., Chandler, M.J., & Lalonde, C.E. (2007). Aboriginal language knowledge and youth suicide. *Cognitive Development 22,* 392-399.

[vi] Beebe, L.A., Vesely, S.K., Oman, R.F. et al. (2008). Protective Assets for Non-use of Alcohol, Tobacco and Other Drugs among Urban American Indian Youth in Oklahoma. 12(Suppl 1): 82. https://doi.org/10.1007/s10995-008-0325-5

b. Statutory Authorities

Authority Public Health Service Act 42. U.S.C., section 241(a), and 247(b)(k)(2), and Title IV,

Section 4002, Prevention and Public Health Fund, Affordable Health Care Act.

c. Healthy People 2020

Diabetes, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Tobacco Use , Adolescent Health, Early and Middle Childhood, Maternal Infant and Child Health, and Social Determinants of Health

d. Other National Public Health Priorities and Strategies

- The Surgeon General's Call to Action to Support Breastfeeding:
- http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html
- Step it Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities
- https://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/index.html
- National Physical Activity Plan, 2016: http://www.physicalactivityplan.org/index.html#
- Dietary Guidelines for Americans 2015-2020: https://health.gov/dietaryguidelines/2015/
- Feeding Ourselves: Food Access, health disparities, and the pathways to healthy Native American communities http://www.heart.org/HEARTORG/Advocate/VoicesforHealthyKids/Feeding-Ourselves_UCM_475570_Article.jsp#
- Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation: *Caring for our Children*
- http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx
- School Health Guidelines to Promote Healthy Eating and Physical Activity: http://www.cdc.gov/mmwr/pdf/rr/rr6005.pdf The National Tribal Behavioral Health Agenda http://store.samhsa.gov/product/PEP16-NTBH-AGENDA
- National Partnership for Action to End Health Disparities: http://minorityhealth.hhs.gov/npa/
- CDC-led National Diabetes Prevention Program: http://www.cdc.gov/diabetes/prevention/index.htm
- 2014 Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress: http://www.surgeongeneral.gov/library/reports/50-years-of-progress/50-years-of-progress-by-section.htm

e. Relevant Work

These CDC programs have laid important ground work in chronic disease prevention efforts in Indian Country:

- (2002-2004) "Honoring Our Health"
- (2005-2008) "Identifying Indicators of Environmental Adaptations to Address Diabetes in AI/AN Communities."
- (2002-2010) Diabetes Education K-12 curriculum, *Health is Life in Balance.*
- (2011-2013) Case studies from 8 tribal communities using *Eagle Books*.
- (2008-2014) "Using Traditional Foods and Sustainable Ecological Approaches to Promote

Health and Prevent Diabetes in American Indian and Alaska Native Communities."
- Universities Working with Communities to Prevent Type 2 Diabetes
- (2014-2019) Good Health and Wellness in Indian Country

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

The following Tribal Practices for Wellness in Indian Country Logic Model (see Figure 1) provides a framework to use throughout program planning, implementation, and evaluation. Tribal health leaders identified the 7 strategies below based on traditional tribal practices that connect tribal members to culture and keep them well. The applicant is required to select 3 strategies from the logic model and propose at least 1 activity for each selected strategy. The applicant should define their "service population", which could be a tribe, a community primarily comprised of AI/AN, or a specific population within a service catchment area. All outcomes below refer to the defined service population.

With the long-term goal of reducing morbidity and mortality due to heart disease, stroke, cancer, and diabetes, CDC is supporting implementation of strategies identified by tribal health leaders that will lead to the intermediate (3-year) outcomes. Recipients will select at least 3 strategies from the Logic Model below, and propose at least 1 activity that supports each selected strategy. Recipients should also select a short-term outcome for each their 3 proposed activities. These short-term outcomes should connect and contribute to 3 intermediate outcomes plus the **core bolded** intermediate outcome.

Figure 1: Tribal Practices for Wellness in Indian Country Logic Model

CDC-RFA-DP18-1812PPHF18 Logic Model: Tribal Practices for Wellness in Indian Country

Bold indicates required project period outcome

<table>
<tr><th>Strategies</th><th>Short-term Outcomes</th><th>Intermediate Outcomes</th><th>Long-term Outcomes</th></tr>
<tr><td>Family and community activities that connect cultural teachings to health and wellness</td><td rowspan="3">Increased number of community members participating in family-centered community activities and events that teach, build upon, celebrate, and strengthen cultural and traditional practices and teachings</td><td rowspan="4">Increased understanding of and engagement in healthy living practices

Increased community, social and cultural activities focused on sharing cultural knowledge and practices</td><td rowspan="4">Reduced morbidity/ mortality due to diabetes, heart disease and stroke, and cancer.

Increased resilience and use of cultural practices to reduce diabetes, heart disease and stroke,</td></tr>
<tr><td>Seasonal cultural and traditional practices that support health and wellness</td></tr>
<tr><td>Social and cultural activities that</td><td>Increased number of community members participating in health education activities conducted in Native language

Increased number of community members aware of community</td></tr>
</table>

promote community wellness Tribal, Inter-Tribal, governmental, and nongovernmental collaborations that strengthen wellbeing Intergenerational learning opportunities that support wellbeing and resilience Cultural teachings and practices about traditional healthy foods to promote health, sustenance and sustainability Traditional and contemporary physical activities that strengthen wellbeing	calendar Increased number of community members participating in social and/or Tribal cultural activities conducted to learn about traditional tobacco use, healthy food, physical activity, and lifestyle practices Increased number of community members participating in traditional food programs that promote health and sustenance Increased number of tribal members harvesting and preserving foods Increased number of opportunities for traditional and contemporary physical activity Increased number of community members participating in activities that teach traditional and contemporary physical activities Increased number of community members participating in community, social and cultural activities that teach cultural knowledge, practices, and historical events Increased number of community members participating in cultural teachings that support wellbeing and resilience Increased number of community members participating in intergenerational programs offered that support wellbeing and resilience creased number of community members aware of community calendar	Increased sense of belonging to tribe and community Increased feelings of connection to and pride of tribal culture Increased knowledge of tribal history and culture Increased inclusion of traditional foods in diets Increased participation in traditional and contemporary physical activity events Increased intergenerational interactions with a positive impact on wellbeing	and cancer.

i. Purpose

American Indians and Alaska Natives have higher rates of chronic disease than other racial and ethnic groups in the United States. This NOFO supports implementation of tribal practices and cultural traditions that have been identified by tribal health leaders to improve physical and mental health and wellbeing. Strategies include cultural and traditional practices that support wellbeing and resilience.

ii. Outcomes

Measurable outcomes are essential for determining the extent to which strategies and activities build resiliency and connections to community and culture. Tribal Practices for Wellness in Indian Country outcomes are categorized as short-term, intermediate, and long-term.

Short-term Outcomes

As a part of their annual work plan, recipients will select 3 strategies and at least 1 activity per selected strategy, and propose a short-term outcome (expected 1 year change) aligned with each selected strategy. Recipients can select short-term outcomes from the examples below or may propose other short-term outcomes, which must be clearly described. Recipients will work with a CDC evaluator to finalize their measures and aligned short-term outcomes.

Example short-term (1 Year) outcomes include:

- Increased number of community members participating in family-centered community activities and events that teach, build upon, celebrate, and strengthen cultural and traditional practices and teachings
- Increased number of community members participating in health education activities conducted in Native language
- Increased number of community members aware of community calendar that includes social and cultural activities that strengthen and support wellbeing and resilience.
- Increased number of community members participating in social and/or Tribal cultural activities conducted to learn about traditional tobacco use, healthy food, physical activity, and lifestyle practices
- Increased number of community members participating in traditional food programs that promote health and sustenance
- Increased number of tribal members harvesting and preserving foods
- Increased number of opportunities for traditional and contemporary physical activity
- Increased number of community members participating in activities that teach traditional and contemporary physical activities
- Increased number of community members participating in community, social and cultural activities that teach cultural knowledge, practices, and historical events
- Increased number of community members participating in cultural teachings that support wellbeing and resilience
- Increased number of community members participating in intergenerational programs offered that support wellbeing and resilience
-

Intermediate Outcomes

As a part of their evaluation plan, recipients will be required to measure their impact over the 3-year project period on the **core (bolded)** outcome listed below. Applicants must choose 3 additional intermediate outcomes from the list below to measure as a part of their evaluation plan. Recipients will work with a CDC evaluator to measure their intermediate outcomes.

- **Core outcome (required): Increased number of AI/AN reporting stronger understanding of and engagement in healthy living practices.**

Intermediate outcomes (choose 3) include:

- Increased community, social and cultural activities focused on sharing cultural knowledge and practices
- Increased sense of belonging to tribe and community
- Increased feelings of connection to and pride of tribal culture
- Increased knowledge of tribal history and culture
- Increased inclusion of traditional foods in diets
- Increased participation in traditional and contemporary physical activity events
- Increased intergenerational interactions with a positive impact on wellbeing

Long-term Outcomes

Recipients will not be required to measure long-term outcomes although it is expected that, over time, successes in achieving the intermediate outcomes among community members will ultimately lead to these long-term outcomes:

- Reduced morbidity/mortality due to diabetes, heart disease and stroke, and cancer
- Increased resilience and use of cultural practices to reduce diabetes, heart disease and stroke, and cancer

iii. Strategies and Activities

Applicants will select 3 strategies listed below and in the logic model, and for each, propose at least 1 activity. The activities included below are provided as examples. Applicants can propose other activities, and if they do, they must clearly describe the other activities and explain how each relates to the selected strategy and how each will be measured. Applicants are not expected to provide details that may compromise the sacredness of tribal practices. Applicants are asked to consider adapted strategies for tribal members with disabilities to ensure that all members have the opportunity to benefit from cultural practices for wellness.

Strategies for Tribal Practices for Wellness in Indian Country are:

Strategy 1: Family and community activities that connect cultural teachings to health and wellness

- Activity: Implement family-centered community activities and events working with community members and partners that teach, build upon, celebrate, and strengthen

cultural and traditional practices and teachings.
- Activity: Establish or develop health education Native language activities that promote and connect community health and Native language.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 1.

Strategy 2: Seasonal cultural and traditional practices that support health and wellness

- Activity: Establish an annual community calendar of seasonal cultural and traditional events, celebrations and activities that support and reinforce healthy practices.
- Activity: Support implementation of one or more seasonal and traditional cultural events, celebrations, traditional harvest or activities and engage community members and partners to make the event even healthier.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 2.

Strategy 3: Social and cultural activities that promote community wellness

- Activity: Establish and/or strengthening community social and cultural activities focused on sharing cultural knowledge and practices, honoring the future through our people and youth especially teachings of historical events for mental and emotional wellbeing.
- Activity: Social and/or Tribal cultural activities incorporating opportunities to learn about traditional healthy food, physical activities, and lifestyle practices to enhance mental and emotional wellbeing.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 3.

Strategy 4: Tribal, Inter-Tribal, governmental, and nongovernmental collaborations that strengthen wellbeing

- Activity: Partner with area Tribes and Inter-Tribal Councils to strengthen opportunities to engage in healthy traditional, cultural, and educational activities.
- Activity: As an example of collaboration, projects may include partnerships with community development financial institutions and other partners and sectors to increase culturally relevant economic and other opportunities.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 4.

Strategy 5: Intergenerational learning opportunities that support wellbeing and resilience

- Activity: Establish or strengthen opportunities to encourage two way sharing and connect youth, adults, and elders to share knowledge about food, language, ceremonies, stories, places, technology, crafts, and play.
- Activity: Establish or strengthen opportunities for adults and elders to pass on Tribal, cultural and other knowledge to children and young people, and to other adults and elders.
- Activity: Establish and strengthen intergenerational programs that address historical trauma and that promote and enhance healing and resilience.

- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 5.

Strategy 6: Cultural teachings and practices about traditional healthy foods to promote health, sustenance and sustainability

- Activity: Establish or strengthen sustainable programs to gather, raise, harvest, produce or preserve traditional healthy foods, and provide those foods and beverages to individuals, families, schools, institutions, and others.
- Activity: Partner with Tribal, Inter-Tribal, governmental, and non-governmental entities to produce and promote traditional diets, including foods and drinks to sustain health.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 6.

Strategy 7: Traditional and contemporary physical activities that strengthen wellbeing

- Activity: Enhance, strengthen, or increase opportunities and supports for traditional and contemporary physical activity at schools, work sites, cultural and community events, and other venues.
- Activity: Enhance, strengthen, or increase traditional knowledge and history that supports traditional and contemporary physical activities at home, in school, worksites, cultural, and community events.
- Activity: Build traditional or contemporary physical activity into Strategies 1 to 6, above.
- Activity: Implement a culturally-based, community-chosen activity that supports Strategy 7.

The strategies and activities listed above are designed to incorporate native history and culture to improve wellness practices among community members that will be effective in reducing chronic disease risk factors, and over time, reduce morbidity and mortality due to heart disease, stroke, cancer, and diabetes.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Collaboration with programs funded by CDC is encouraged, particularly those that are working to reduce risk factors associated with diabetes, heart disease, stroke, cancer and obesity. National initiatives, guidelines, and policies have been identified from The Community Guide; CDC's Division of Nutrition, Physical Activity, and Obesity; Division of Diabetes Translation; Division for Heart Disease and Stroke Prevention; Division of Cancer Prevention and Control and the Office on Smoking and Health that may complement and build upon effective, culturally-based strategies and activities. In addition, examples of CDC tribal programs that may provide collaboration opportunities to support achievement of Tribal Practices for Wellness in Indian Country outcomes include Good Health and Wellness in Indian Country and the National Native Network for Tobacco Control (a public health resource that serves to decrease commercial tobacco use and cancer health disparities among American Indians and Alaska Native Tribes). Applicants should collaborate with relevant programs based on community needs, and provide

evidence of collaborations/partnerships using MOU, MOA, or letters of intent to collaborate. Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grantsolutions.gov

b. With organizations not funded by CDC:

Recipients are encouraged, though not required, to partner with organizations that promote tribal health and wellbeing to maximize resources, reach, and impact. Potential organizations for collaborations may include non-profit agencies, tribes or tribal organizations, professionals organizations, schools, senior centers, historical preservation organizations, youth organizations, traditional healers, tribal colleges and universities, community development organizations and law enforcement, among others. Applicants should collaborate with relevant programs based on community needs, and provide evidence of collaborations/partnerships using MOU, MOA, or letters of intent to collaborate. Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grantsolutions.gov

Below is a list of potential programs and organizations for collaborations in Indian Country working in topic areas covered in this NOFO. The organizations and agencies in this list are intended as examples only and all collaborations/partnerships proposed by applicants will be considered on their individual merit.

- National Council for Urban Indian Health (http://www.ncuih.org/index)
- Healthy Native Communities Partnership (http://www.hncpartners.org/)
- Notah Begay Foundation (http://www.nb3foundation.org/)
- Boys and Girls Club Native Services (http://www.naclubs.org/)
- Running Strong for American Indian Youth (http://indianyouth.org/about-us)

Federal Government

- Indian Health Service (Health Promotion Disease Prevention - https://www.ihs.gov/hpdp/ ; Indian Health Service Special Diabetes Program for Indians - https://www.ihs.gov/sdpi/); Tribal Epidemiology Centers https://tribalepicenters.org/)
- USDA (Rural Development grants: support housing, community facilities, and community and economic development projects in rural areas.: https://www.rd.usda.gov /programs-services/rural-community-development-initiative-grants ; Federally-Recognized Tribes Extension Program (FRTEP) (https://nifa.usda.gov/program/federally-recognized-tribes-extension-grant-program); Land Grant University (LGU) system: https ://nifa.usda.gov/land-grant-colleges-and-universities-partner-website-directory ; FDPIR nutrition education http://www.fns.usda.gov/fdpir/fdpir-nutrition-education-grant-awards)
- Administration for Children and Families, Administration for Native Americans Native Language Programs (https://www.acf.hhs.gov/ana/programs/native-language-preservation -maintenance)

2. Target Populations

American Indians and Alaska Natives

a. Health Disparities

Tribal Practices for Wellness in Indian Country offers support for the implementation of tribal practices and cultural traditions to build resiliency and connections to community and culture to reduce disparities and improve physical, mental, emotional, and spiritual health and wellbeing among tribal populations.

iv. Funding Strategy

Up to 14 American Indian Tribes, Alaska Native villages, or American Indian or Alaska Native tribally-designated organizations serving a specific tribe, reservation or native village will be funded under this NOFO to address the identified strategies. No more than 2 awards to tribes and tribal organizations will be made within a single I.H.S. Area**.** Up to 14 Urban Indian Organizations will also be funded under this NOFO to address the same strategies for that portion of their patient populations that is American Indian and Alaska Native.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and Performance Measurement: 1) help demonstrate achievement of program outcomes; 2) build a stronger evidence base for specific program interventions; 3) clarify applicability of the evidence base to different populations, settings, and contexts; and 4) drive continuous program improvement. Evaluation and performance measurement can also determine whether program strategies are scalable and effective at reaching the target or intended populations

Applicants should consider their selected or proposed short-term outcomes (from the Outcomes Section), and for each, develop a short-term measure that will show whether the anticipated change took place. CDC will work with grantees to finalize short-term (1 year) performance measures in the first year of the program.

Applicants should consider their selected strategies, activities and short-term outcomes, and select 3 intermediate (3-year) measures, plus the core (required) measure, to examine over the course of their 3-year project. **Applicants should include with their application a list of their 3 selected short-term measures, and 3 selected intermediate measures, plus the core (required) measure.**

Examples of short-term performance measures, and a list of intermediate (3 year) performance measures from which applicants will choose, are below:

<u>Example Short-term measures</u>

- Number of community members participating in health education activities conducted in Native language
- Number of community members participating in traditional food programs that promote health and sustenance
- Number of tribal members harvesting and preserving foods
- Number of community members participating in activities that teach traditional and contemporary physical activities
- Increased number of community members participating in community, social and cultural activities that teach cultural knowledge, practices, and historical events

- Number of community members participating in intergenerational programs offered that support wellbeing and resilience

Intermediate measures:

Core (required) Measure:

- **Number of community members reporting stronger understanding of and engagement in healthy living practices**

Program (choose 3) Measures:

- Number of community members who report attending community social and cultural activities focused on sharing cultural knowledge and practices
- Number of community members reporting a stronger sense of belonging to tribe and community
- Number of community members who report feeling more connected to and proud of their culture as a result of participation in seasonal, cultural, and traditional events and family and community activities
- Number of community members who report increased knowledge of their tribal history and culture as a result of participating in seasonal, cultural, and traditional events and family and community activities
- Number of community members who report that they are including traditional foods in their diets
- Number of community members who report that participating in traditional and contemporary physical activities strengthened their wellbeing
- Number of youth and elders who report that intergenerational interactions had a positive impact on their wellbeing

CDC will assist recipients in measuring outcomes with their chosen intermediate measures.

ii. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)

- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Throughout the three-year project period, CDC will work individually and collectively with recipients to answer the following evaluation questions based on the program Logic Model and activities:

1. To what extent do tribal members report increased attendance in community social and cultural activities focused on sharing cultural knowledge and practices?
2. To what extent do tribal members report a stronger sense of belonging to their tribe and community?
3. To what extent do tribal members report feeling more connected to and proud of their culture as a result of participation in seasonal, cultural, and traditional events and family and community activities?
4. To what extent do tribal members report increased knowledge of their tribal history and culture as a result of participating in seasonal, cultural, and traditional events and family and community activities?
5. To what extent do tribal members report increased inclusion of traditional foods in their diets?
6. To what extent do tribal members report participation in traditional and contemporary physical activities strengthened their wellbeing?
7. To what extent do youth and elders report intergenerational interactions having a positive impact on their wellbeing?

To answer these questions, CDC will use a two-pronged evaluation approach. Recipients will be required to: 1) report on short-term (1 year) measures and intermediate (3 year) performance measures; and 2) participate as requested in national evaluation activities. Recipients will be responsible for gathering data for their chosen short-term measures. With these measures, the recipients and CDC will track the implementation and the achievement of the intended short-term outcomes. CDC, in collaboration with recipients, will develop periodic performance measure

reports. Performance measure reports will be used for program monitoring and for targeting areas for program quality improvement. CDC will develop periodic performance measure reports to be disseminated by multiple methods to recipients and other key stakeholders, including federal partners, non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the activities, strategies, and evaluation requirements as outlined in the NOFO. Applicants must have experience implementing the selected strategies. CDC anticipates that all applicants will demonstrate capacity to carry out the activities and evaluation over the 3-year project period.

All applicants must describe their organizational capacity to manage grants, carry out CDC program requirements and outline day-to-day responsibilities for key tasks such as leadership of project, monitoring of the project's ongoing progress, preparation of reports, program evaluation, and communication with partners and CDC. Specifically, applicants should provide a description of:

- Experience and expertise in wellness program planning, performance management and monitoring.
- Evaluation experience.
- Ability to travel (using Cooperative Agreement funds) to a grantee meeting sometime during the 3-year project period.
- Capability to manage required procurement efforts, including the ability to write and award subcontracts in accordance with 45 C.F.R. 75, as applicable.
- Experience with financial reporting, budget management and administration systems and methods.
- Personnel management experience (including developing staffing plans, developing and training workforce, managing Direct Assistance and developing a sustainability plan).
- Roles and responsibilities of existing and/or proposed partnerships.

Applicants must also:

- Describe their organizational capacity to carry out the work of this NOFO .
- Be able to implement selected strategies and activities within the first three months after the award is made.
- Demonstrate previous success in collaborating with the community served in this NOFO, and the ability to successfully involve community members in the proposed activities.

Applicants must demonstrate willingness and capacity to share lessons learned with other awardees and tribes throughout Indian Country, and with CDC. Flexibility will be allowed to enable applicants to implement NOFO requirements based on their own organizational design and approach, unless otherwise required by statute, to enable culturally-specific and population-relevant design and implementation of wellness practices.

d. Work Plan

Narrative Description

Applicants must provide a detailed work plan for the first year of the project that includes chosen strategies, intermediate (3-year) outcome, activities, person(s) responsible, timeline, and short-term outcome (expected 1 year change). The work plan and description must be aligned with the Tribal Practices for Wellness in Indian Country Logic Model. Applicants should also provide a high-level description of years 2 and 3 efforts showing how progress will continue to lead toward the intermediate (3 year) outcomes.

The narrative description of the work plan should provide enough detail so that someone not affiliated with the work could understand what strategies and activities the applicant will implement and what outcomes the applicant expects. The narrative description must:

1. Identify the name and type of recipient (Tribe, Tribal Organization, Urban Indian Organization)
2. Identify the three selected strategies and accompanying activities that will be implemented during the first year of the project.
3. Identify the **core bolded** and three (3) additional intermediate outcomes selected.
4. Describe how you expect the selected strategies and activities will lead to the intermediate outcomes.
5. List the 3 selected short-term outcomes you expect by the end of Year 1.
6. Identify staff, contractors, consultants or partners responsible for overseeing implementation of the activities.
7. Provide the timeline/due date for activities.

The following work plan template is offered as an example to show the essential elements that should be included in the work plan submitted with the application. Applicants may submit the work plan in a format that is most conducive for them; however, the essential elements listed above must be included and it must be clear how the components in the work plan crosswalk to the strategies, activities, and outcomes presented in the logic model and the narrative sections of the NOFO. In addition, the work plan provides details of all necessary activities that will be supported through the approved budget, on personnel and/or partners who will complete the activities, and on the timeline for completion.

Work Plan Template:

Recipient name; Type of recipient (Tribe, Tribal Organization, Urban Indian Organization)		
STRATEGY:		
Intermediate (3-year) Outcome		
Activity 1	Person(s) Responsible	Timeline/ Due Date

Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		
Activity 2 (optional)	Person(s) Responsible	Timeline/ Due Date
Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		
STRATEGY:		
Intermediate (3-year) Outcome:		
Activity 1	Person(s) Responsible	Timeline/ Due Date
Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		
Activity 2 (optional)	Person(s) Responsible	Timeline/ Due Date
Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		
STRATEGY		
Intermediate (3-year) Outcome		
Activity 1	Person (s) Responsible	Timeline/Due Date
Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		
Activity 2 (optional)	Person(s) Responsible	ResponsibleTimeline/ Due Date

Briefly describe how this activity will lead to the Intermediate (3-year) outcome named above:		

Applicants should complete the work plan template for each selected strategy as described below.

1. Recipient Name: List your organization's legal name and the type of recipient (Tribe, Tribal Organization, Urban Indian Organization)
2. Strategy: List one of the 3 strategies you selected from the logic model.
3. Intermediate (3-Year) Outcome: List one of the 3 intermediate outcomes you selected from the logic model.
4. Activity: Provide a brief description of the activity you plan to conduct in Year 1.
5. Person(s) Responsible: Identify by name or position who is responsible for seeing this activity through to completion.
6. Timeline/Due Date: List the date that you expect to have the activity completed by during this 1-Year budget period.
7. Short-term Outcome: Include a brief description of what change you expect during this 1-Year budget period (from the logic model or other outcome you are proposing
8. Briefly describe how this activity will lead to the Intermediate (3-Year) Outcome: Include a 2 or 3 sentence description of how this activity will lead to your selected 3-Year outcome.

Here is an example of a completed work plan to show how a work plan and all its elements align with the Tribal Practices for Wellness in Indian Country logic model. The narrative component of the application would describe what is outlined in the example work plan.

Recipient Name; Type of Recipient	Tribal Name; Tribe		
STRATEGY	Cultural teachings and practices about traditional healthy foods to promote health, sustenance and sustainability		
Intermediate (3-year) Outcome	Increased inclusion of traditional foods in diets		
Activity 1	Person(s) Responsible	Timeline/ Due Date	Short-term (1-year) outcome
Work with families to raise and harvest corn and cranberries	Project Manager	December 2018	10 families raise, harvest and preserve corn, and plant cranberries.
Briefly describe how	Young families that raise and harvest corn and		

this activity will lead to the Intermediate (3-Year) Outcome	cranberries for food are more likely to include those traditional foods in their diets and share excess crops with tribal members to include in their diets		

e. CDC Monitoring and Accountability Approach
Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Recipients will be required to report on their chosen short-term (1 year) measures and intermediate (3 year) performance measures periodically. With these measures, the recipients and CDC will track the implementation and the achievement of the intended short-term outcomes. CDC, in collaboration with recipients, will develop periodic performance measure reports. Performance measure reports will be used for program monitoring and for targeting areas for program quality improvement.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)
In a cooperative agreement, CDC staff members are involved in program activities as needed, above and beyond site visits and routine grant monitoring. The CDC program will work as partners with recipients to ensure success of the cooperative agreement by:

1. Supporting recipients in understanding and implementing cooperative agreement requirements and meeting program outcomes;
2. Providing guidance to recipients to improve the work plans and evaluation strategies;
3. Collaborating and supporting grantees to document progress, including doing so in a culturally appropriate way;
4. Providing technical assistance for recipients' evaluation and performance measures;
5. Supporting opportunities to network, improve communication and coordination; and
6. Participating in important meetings, related to the cooperative agreement.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism: U58

3. Fiscal Year: 2018

4. Approximate Total Fiscal Year Funding: $4,000,000

5. Approximate Period of Performance Funding: $12,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: $12,000,000

6. Approximate Period of Performance Length: 3 year(s)

7. Expected Number of Awards: 28

Up to 14 American Indian Tribes, Alaska Native villages, or American Indian or Alaska Native tribally-designated organizations serving a specific tribe, reservation or native village, (up to 2 will be funded in each of the 12 IHS Areas depending on strength of applications. In addition up to 14 Urban Indian organizations will be funded (https://www.ihs.gov/urban/)

8. Approximate Average Award: $140,000 Per Budget Period

9. Award Ceiling: $150,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $100,000 Per Budget Period

11. Estimated Award Date: 04/30/2018

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The

total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:	Native American tribal governments (Federally recognized) Native American tribal organizations (other than Federally recognized tribal governments) Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Additional Eligibility Category:	
Non-government Organizations:	American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Eligibility is limited to Federally Recognized Tribes, American Indian or Alaska Native Tribally-Designated Organizations, and Urban Indian Organizations (UIO) that have current Title V Indian Health Care Improvement Act contracts with the Indian Health Service (https://www.ihs.gov/urban/nationalprograms/). The Explanatory Statement to the FY17 Appropriations states that agencies should be guided by HR 114-699, which provides support for CDC's goals under this FOA. HR114-699 provides that, "CDC is expected to build on these existing programs "Good Health and Wellness in Indian Country" (GHWIC) within Indian Country to allow for a more comprehensive public health infrastructure in tribal communities and the ability to develop mechanisms to improve good health and wellness in Indian Country.

Tribal applicants or tribal organizations serving a specific tribe must submit with their application a letter of support from tribal leadership, which may vary according to the tribe and may include the Tribal Council, Tribal President or other designated leader.

The award ceiling for this NOFO is $150,000. CDC will consider any application requesting an

award higher than this amount as nonresponsive and it will receive no further review

3. Justification for Less than Maximum Competition

Eligibility for this NOFO is limited to Tribes, American Indian and Alaska Native (AI/AN) Tribal organizations and Urban Indian organizations.

The Explanatory Statement of the FY17 Appropriation provides language supporting CDC's activities, HR114-699 provides that, "CDC is expected to build on these existing programs "Good Health and Wellness in Indian Country" (GHWIC) within Indian Country to allow for a more comprehensive public health infrastructure in tribal communities and the ability to develop mechanisms to improve good health and wellness in Indian Country."

Building upon current NCCDPHP funding to Tribes and Tribal Organizations through Good Health and Wellness in Indian Country, DP14-1421, the proposed NOFO will further such efforts in Indian country by supporting an approach advocated for by CDC/ATSDR's Tribal Advisory Committee, and refined over a year of discussions with tribal health leaders from across Indian Country. This approach supports tribal practices that keep people well by connecting them to their culture and heritage and building resilience.

CDC is requesting a competition limited to 3 entities: 1.American Indian or Alaska Native (AI/AN) Tribal Governments 2. AI/AN Tribally-Designated Organizations serving only one tribe and 3.Urban Indian Organizations (UIO) that have current Title V Indian Health Care Improvement Act contracts with the Indian Health Service (https://www.ihs.gov/urban/nationalprograms/)

Tribes, AI/AN Tribal organizations and UIO have a unique understanding of AI/AN culture, fluency in Native languages, knowledge of indigenous history, lifeways and local geography, they are uniquely positioned to work most efficiently and effectively in Indian Country and serve the unique needs of AI/AN people. These entities are permanent fixtures within Indian Country, including those AI/AN residing in urban areas, and will not "go away" or turn their attention elsewhere after the grant funding concludes. Thus, the capacity and infrastructure built as a result of this NOFO will remain in Indian Country. In addition, UIO were explicitly created to serve AI/AN living in Urban Areas for whom their entire organizational structure and function is oriented.

This request is consistent with Statute: UIO are funded under Title V of the Indian Health Care Improvement Act, PL 94-437, as amended. There is also a compelling government interest in funding UIO. As reinforced in the above statute, Congress reinstated the declaration of policy language, "...to underscore the fundamental legal obligation of the United States government to raise the health status of AI/AN, **including urban Indians**, to the highest possible level, and to provide the necessary resources to carry out this policy." Approximately 65% of AI/AN in the US reside in urban areas and are isolated from the more robust health services available to them on reservations or tribal lands through HIS funded health care. AI/AN experience health disparities in chronic diseases and their underlying risk factors, as well as injuries and infectious diseases. Despite these health challenges, AI/AN have a number of inherent strengths developed as a result of time, history, and adversity, including unique tribal languages and cultures, and use of these resources to foster community and cultural connections. These three types of applicants are unique in their understanding of working within AI/AN communities in

order to successfully implement the required approaches.

Special documentation: Each AI/AN Tribally-Designated Organization applicant must provide an official letter of support or resolution from the single American Indian tribe or Alaskan Native village they intend to work with under the NOFO.

Similar deviation: A request was granted for limited eligibility for a related effort referenced above, DP14-1421PPHF14. The request was made because tribes and tribal organizations are best suited to implement effective,- culturally-appropriate improvements in community environments to achieve significant impact on individual and community health in AI/AN communities.

Disapproving this request would result in rejecting the counsel of CDC/ATSDR's Tribal Advisory Committee, and of tribal health leaders throughout Indian Country, and thus, negatively affect the relationship CDC has with tribal leaders. In addition, it would put CDC in non-compliance with the intent of Congress to fund organizations supporting AI/AN communities. It may also diminish the potential impact of the program on addressing chronic disease morbidity and mortality and associated risk factors by opening competition to organizations that do not have the critical understanding or experience of working in AI/AN communities, including those AI/AN living in urban areas.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability are strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov***.

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new	Same day but can take 8 weeks to be	Register early! Log into grants.gov and

		DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **02/20/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

January 23, 2018, EST

Conference: 866-709-6101

Passcode: 37005261

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

LOI is not requested or required as part of te application for this NOFO.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose
Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes
Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities
Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations
Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities
Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's

requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.

- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

Applicants should include with their application a list of their 3 selected short-term measures, and 3 selected intermediate measures, plus the core (required) measure. CDC will work with recipients to assist them in making adjustments to the Evaluation and Performance Measurement Plan that is submitted with this application.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs

- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will

be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC’s Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient’s submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient’s submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the

author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes

abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a

"submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.
An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach	Maximum Points:45

- Identifies the type of applicant (Tribe, Tribal Organization, Urban Indian organization)
- Describes the population served by the proposed activities
- Provides a detailed, year 1 work plan, including at least 3 strategies and activities, intended outcomes, persons responsible, timeline, and partners, if applicable.
- Describes how activities are intended to lead to intermediate outcomes.
- Provides a high-level description of years 2 and 3 efforts showing how progress will continue to lead toward the intermediate (3 year) outcomes

ii. Evaluation and Performance Measurement	Maximum Points:25

- Chooses or proposes 3 short-term measures;
- Chooses 3 intermediate measures, in addition to core measure
- Describes how applicant will collect the performance measures and use evaluation findings for continuous program quality improvement.
- Describes how key program partners will participate in the evaluation
- Describes available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:30

- Demonstrates relevant experience and expertise in wellness program planning, performance management and monitoring
- Demonstrates success in collaborating with the community served, and the ability to successfully involve community members in the proposed activities

- Demonstrates ability to implement selected strategies and activities within the first three months after the award is made
- Provides an adequate staffing plan to carry out the project, including project management structure, defined staff roles and responsibilities, and organizational chart
- Demonstrates experience with financial reporting, budget management and administration systems and methods.

Budget

- Provides a detailed budget and narrative justification consistent with planned activities.
- Proposes a reasonable budget for planned activities, and considering available resources.

c. Phase III Review

Two separate rank order lists will be developed, based on type of recipient, and the top ranking applicants in each will be funded, with the following factors possibly affecting the funding decision.

The following factors also may affect the funding decision:

CDC reserves the right to fund applications out of rank order depending on geographic distribution of the highest scoring applications. CDC may fund out of rank order to achieve geographic and/or programmatic diversity. No more than 2 recipients that are American Indian tribes, Alaska Native villages, or AI/AN tribally designated organizations serving a single tribe, reservation or native village will be funded in a single Indian Health Service Area.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The anticipated award date is April 30, 2018.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.html

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting	90 days after the end of the	Yes

Forms	budget period.	
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,

- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
a. recipient name;
b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Mary Hall, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: (770) 488-5309
Email: MOH4@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:

LaShanda Washington, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Telephone: (770) 488-2766
Email: iyc5@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700

E-mail: ogstims@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the

approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be

used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities,

care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).
Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.
Outcome: The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.
Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.
Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant

applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms